



youth Basketball



Registration:

Opens Wednesday, Oct. 23rd (City Residents)

Opens Wednesday, Oct. 30th (Non-City Residents)

*Those in 22401 Zip Code are considered City Residents;
all other zip codes are considered Non-City Residents.*

Locations:

All practices will be held at Walker-Grant Middle School.

Novice and Rookie games will be played at Walker-Grant Middle School.

Jr. and Sr. division games will be played at WGMS and/or James Monroe HS.

Parents and Coaches Information:

Coaches' Meeting is Wed., Dec. 11th at 6:00 p.m.

Parents' Information Pickup begins Mon., Dec. 16th

Fees:

City Residents- \$30 (Zip code must be 22401)

Non-City Residents- \$60

Registration ends Tues., Nov. 26th

\$20 Late-Fee after Tues., Nov. 26th

For more information, please call Justin Bullock at (540) 372-1086, ext. 224

No experience is required, just a desire to have fun and help kids learn the fundamentals!

I want to coach with: _____ (List ONE person) I want to be: Head Coach Assistant Coach

Signature: _____ Date: _____



Youth Basketball Registration Form

Winter 2014

Participation in this program adheres the undersigned to the conditions of the Liability Waiver and thereby waives Fredericksburg Parks, Recreation & Public Facilities and its Partners from all liability.

Novice (7-8 yrs) <input type="checkbox"/>	Rookie (9-10 yrs) <input type="checkbox"/>	Junior (11-12yrs) <input type="checkbox"/>	Senior (13-15 yrs) <input type="checkbox"/>	Age: _____ (as of 3/1/2014)
<div style="display: flex; justify-content: space-between;"> Child's First Name Child's Last Name </div>				Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address				
<div style="display: flex; justify-content: space-between;"> City Zip </div>				Practice Preference <input type="checkbox"/> M/W <input type="checkbox"/> T/Th <input type="checkbox"/> No Pref No Time Requests
<div style="display: flex; justify-content: space-between;"> Home Phone Child's Date of Birth </div>				
Parent/Guardian Name				
Parent/Guardian Work Phone				T-shirt Size <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
Parent/Guardian E-Mail **Used for updates and notifications**				
Emergency Contact Name				
Emergency Contact Number				
<p>Department policy states that special requests for team placement cannot be honored. This includes requests for carpooling, assignment with friends, or particular coaches, specific practice times, etc.</p> <p>Do you have any brothers/sisters playing? If so, what division are they in?</p> <p>_____</p> <p>ATTENTION: Does your child have any physical disabilities, allergies, medications or facts that we should be aware of?</p> <p>If yes, please list below:</p> <p>_____</p>				
For Office Use Only	Date: _____ Amount Received: _____			
D.O.B.: _____ Verified by: <input type="checkbox"/> New <input type="checkbox"/> BC List Staff Initials: _____				
Age Waiver: _____ Fee Waiver: _____ Age Waiver: _____				